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CONFIRMATION NO. 4786

SERIAL NUMBER 10/725,156	FILING DATE 12/01/2003  RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 1/1288-1-C1
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/348,293 01/21/2003 ABN  
 which claims benefit of 60/386,165 06/05/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

GERMANY DE 102 03 103 01/24/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/12/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 0	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

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## TITLE

Pramipexole for the treatment of HIV dementia

☐ All Fees  
☐ 1.16 Fees ( Filing )

<p>FILING FEE</p> <p>RECEIVED 942</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>1.17 Fees ( Processing Ext. of time )</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.18 Fees ( Issue )</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Credit</td> </tr> </table>	<input type="checkbox"/>	1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/>	1.18 Fees ( Issue )	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Credit
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